

# Wael Pharmacy Co. W.L.L.

VAT Address: Bldg-806, Road-3315, Block-333, Um Al Hassam

C.R No: 26573-4, P.O Box 648, Manama, Kingdom of Bahrain

## VENDOR REGISTRATION FORM

(Vendor / Supplier to complete)

1.	Registered Name of Supplier	
2.	Commercial Registration No. (C.R)	
3.	Name of the owner	
4.	VAT Registration No:	
5.	VAT Reg. address	
6.	Postal Address	
7.	Telephone, Fax, Mobile No:	
8.	Email, website	
9.	Bank Account Name	
10.	Bank Name	
11.	Account Number - IBAN No.	
12.	Bank Address	
13.	Contact Person - Accounts	
14.	Accounts Email Address	
15.	Payment terms (minimum 30 days)	
16.	Main Contact - Name & Designation	
17.	Main Contact - Email Address	
18.	Main Contact - Mobile / Telephone Numbers	
19.	Products/Services vendor will be supplying	
20.	Delivery Method	
<b>Applicant Name:</b>		
Designation:		
Authorised Signature & Stamp		
Application Date:		

### **Note:**

➤ Document required: Copy of C.R and VAT certificate

For Wael pharmacy office use only:

Registration Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ New Supplier Code: \_\_\_\_\_



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### Annexure-1

#### Due Diligence Questionnaire to be answered by Supplier.

- a) Was your organization or stake holders ever convicted /penalized for involving in any act of corruption by any government authority under the purview of national & international anti-bribery law?

Yes ☐ No ☐

If yes, please provide details:

- b) Is there any Government (or government-controlled entity) investment, ownership, or management associated with your company?

Yes ☐ No ☐

If yes, please provide details:

- c) Is the Supplier company or any of the entities and/ or individuals who are considered as Key Personnel, currently listed on any government watch list or sanctioned/restricted party list?

Yes ☐ No ☐

If yes, please provide details:

- d) Do any of the following apply to the Supplier or to (any of) the Key Personnel of the Supplier:

1. Is in a state of bankruptcy, insolvency, compulsory winding up, or subject to relevant proceedings:

Yes ☐ No ☐

2. Has been convicted of a criminal offence related to business or professional conduct.

Yes ☐ No ☐

Wael Pharmacy Co. W.L.L is committed to fully comply with the Bahrain **Personal Data Protection Law (PDPL) (Law No. 30 of 2018)** and its implementing rules and regulations, as well as future amendments thereof, and therefore seek your consent for Wael Pharmacy Co. W.L.L to collect, process and use your personal information.

\_\_\_\_\_ hereby voluntarily agree that we have given consent to the collection and processing of our personal information by Wael Pharmacy Co. W.L.L.

I declare that to the best of my knowledge the answers submitted in this questionnaire are correct. I understand that the information will be used in the evaluation process to assess the likelihood of the Supplier being a reliable business partner for Wael Pharmacy Co. W.L.L. Any inaccuracy in the provided information shall solely be Supplier's liability and the Supplier agrees to hold Wael Pharmacy Co. W.L.L. harmless against any claims or liabilities against it for the reason of inaccuracy in the above information.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature & Company Seal:*